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UNFPA SUPPORT FOR REPRODUCTIVE HEALTH IN EMERGENCY SITUATIONS

Report of the Executive Director

I. EXECUTIVE SUMMARY

1. This report reviews the Fund's recent experience in providing support for reproductive health in emergency/crisis situations; outlines the institutional and resource constraints to more effective interventions; and proposes the establishment of mechanisms to meet emergency reproductive health needs, within the scope of UNFPA's mandate, during humanitarian crises. The proposals included in the report derive from a review of the Fund's experience in emergency/crisis situations and a consideration of the specific administrative and programmatic challenges encountered. Also incorporated in the report are suggestions obtained from UNFPA field staff on how best to improve performance in this key area.

2. UNFPA seeks to ensure that all individuals, regardless of their status or condition, have access to reproductive health services. Since 1994, the Fund has been very active, within the scope of its mandate and limited resources, in focusing international attention on issues of reproductive health and rights in emergency/crisis situations. Since that year, 52 UNFPA-supported emergency reproductive health projects have been carried out in 33 countries in collaboration with 24 executing agencies, at a cost of $6.4 million. Currently, there are 21 projects in operation. The Fund also has

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a wealth of experience in data collection, analysis and use that can be made available in emergency situations. In many cases, UNFPA has been able to provide the necessary demographic data for the development of humanitarian needs assessments as well as for sectoral planning for rehabilitation. UNFPA is now active in needs assessments led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and in supporting relief intervention monitoring systems through the establishment of basic indicators and implementation of sentinel surveillance systems. These database development activities, which are a standard part of UNFPA programmes, are increasingly in demand in emergency/crisis situations.

3. Despite the achievements of UNFPA activities in emergency/crisis situations, the Fund's impact in this area is constrained by internal programming procedures as well as by the limited success in mobilizing outside funds for projects included in consolidated appeals. To facilitate timely and responsive programming and to provide immediate support for reproductive health and data needs in emergency/crisis situations, UNFPA proposes to develop a set of mechanisms for programming in such situations and to make more flexible use of a limited amount of programme funds for this purpose. This would facilitate the budgeting of assistance in emergency situations and ensure the timely procurement of supplies and technical resources. Current administrative procedures would be followed to ensure accountability in the use of the funds.

4. The elements for a possible Executive Board decision are contained in paragraph 32 of this report.

II. BACKGROUND

5. Central to the UNFPA mandate is the provision of support to ensure that women, men, couples, and young people have access to and receive quality reproductive health care, as called for in the Programme of Action of the International Conference on Population and Development (ICPD). For the most effective use of the Fund's resources, the Executive Board in decision 96/15 endorsed a resource allocation system whereby UNFPA regular resources are prioritized to countries most in need of the Fund's assistance. Thus, in accordance with the Fund's resource allocation criteria, the majority of funding is provided for category "A" countries, where reproductive health risks are highest; social conditions the poorest; and the need for services the greatest. In line with the resource allocation system and the ICPD emphasis on attention to refugees and other marginalized groups, UNFPA has increasingly been responding to the reproductive health needs of populations in conflict and other emergency/crisis situations, including refugees and internally-displaced persons. Currently, the Fund supports projects in over twenty countries that are in conflict or post-conflict situations. In addition to providing support for reproductive health, UNFPA has also been called on to support the broader United Nations inter-agency humanitarian assistance efforts through the provision of expertise in documenting demographic aspects of such crises.

6. As a result of widespread development efforts, including the commitment of countries to implement the ICPD Programme of Action, there has been considerable progress in programme countries in improving access to reproductive health care services and information for a large part of the population. However, in many countries, segments of the population remain underserved and very vulnerable to reproductive health risks. Among the seriously underserved are people who are displaced from their homes and living in unstable situations, either as a result of civil conflict, war, or natural disaster, and who are unable to access services and information through regular channels or institutions.

7. The number of refugees, returnees, internally-displaced persons and other people in emergency situations has increased dramatically in the past two decades, from about 5 million in 1980 to more than 25 million in 1997. Recent conflicts in Angola, the Democratic Republic of the Congo, Eritrea, Ethiopia, Guinea-Bissau, the Republic of the Congo, Sierra Leone and former Yugoslavia have contributed to population displacements more recently. Moreover, continued instability in the Great Lakes region of Central and Eastern Africa, and political and economic instability in other areas of Africa, Asia and the Middle East, will contribute to further such movements. Natural disasters, such as the recent hurricane in Central America and the floods in Bangladesh, also occur with some regularity, leaving large populations in emergency situations for a significant length of time. The increasing density of populations in disaster-prone areas means that more and more people are affected during such emergencies. Given the continuing political conflicts and the regular occurrence of natural disasters, it is unlikely that there will be a decrease in the number of refugees and internally-displaced persons any time in the near future; on the contrary, the numbers are most likely to increase. It is therefore essential that UNFPA address the reproductive health needs of these vulnerable groups.

8. Typically, two phases can be distinguished in emergency/crisis situations: the emergency phase and the post-emergency phase. The emergency phase, where there may be rapid forced movement of populations, sometimes accompanied by violence and other risks, results in the need to care for people in temporary settlements. During this phase it is necessary to: assess the conditions of the population for purpose of emergency relief planning; provide basic services and food; conduct epidemiological surveillance and prevent disease; protect people from violence and other abuses of human rights; reunify families and protect communities; and provide trauma treatment and counselling. During the post-emergency phase, when the affected populations may be more settled, there is a need to expand and institutionalize basic services, particularly in the area of health. Consideration of more future-oriented needs, such as education and employment, community-building and self-reliance, and possible eventual resettlement or repatriation are also needed in this phase. Although UNFPA is relatively new to providing support during humanitarian emergencies, over the past five years there has been a rapid increase in demand for such support, during both emergency and post-emergency phases. The Fund has demonstrated that, within its

mandate, it has much to offer in emergency/crisis situations, both in the provision of reproductive health services and the protection of rights, as well as in the area of rapid collection and analysis of demographic and other data that are needed in both phases for the establishment of effective humanitarian assistance.

9. Primarily, the Fund has supported emergency reproductive health services through country programme funds. However, since 1997, UNFPA has also included reproductive health component projects within 21 United Nations Consolidated Humanitarian Appeals. The increasing involvement of UNFPA within the consolidated appeal process is illustrated by the December 1998 round of appeals, where UNFPA-supported activities were included in presentations made for the Great Lakes region, Afghanistan, Angola, Burundi, the Democratic People's Republic of Korea, Guinea-Bissau, Sierra Leone, Somalia, Sudan, the United Republic of Tanzania and Uganda. In these inter-agency appeals, the provision of emergency reproductive health services to displaced populations was identified as a priority area, along with other basic services and food, for the support of displaced populations.

10. In some countries, the Fund has provided demographic and/or health expertise to assess humanitarian needs and to document social and economic conditions of the affected populations. The Fund played a key role, for instance, in re-establishing a demographic database after the war in Rwanda. This was critical not only for planning the provision of emergency assistance, but also for sectoral development planning for national rehabilitation. In some cases, support has been provided for both reproductive health services and database development. For example, in Eritrea, UNFPA has: (a) served on the OCHA-led needs assessment team and provided the population framework for developing a multi-sectoral United Nations Inter-agency Humanitarian Appeal; (b) provided training and emergency reproductive health kits and other reproductive health commodities; and (c) provided technical and financial support for the collection and analysis of socio-economic data on incoming refugees and forced migrants, particularly women and youth.

11. In summary, after some four years of involvement in supporting reproductive health in emergency/crisis situations, UNFPA is now recognized as having a valuable role to play in humanitarian assistance. However, a review of the experience to date has shown that the Fund must adapt certain administrative and programming procedures in order to enhance the effectiveness and timeliness of its responses in emergency situations. This is necessary because the procedures established for the development, approval and implementation of UNFPA country programmes are designed to attain long-term population and development objectives and not to respond to the urgent needs of emergency/crisis situations.

III. UNFPA EXPERIENCE IN SUPPORTING REPRODUCTIVE HEALTH IN EMERGENCY SITUATIONS

12. The ICPD Programme of Action underscores that, in planning and implementing refugee assistance activities, special attention should be given to the specific needs of women and children. Refugees should be provided with access to adequate accommodation, education, health services, including family planning, and other necessary social services.

13. Reproductive health services are an integral part of basic health care, and it is essential that such services be provided to populations in emergency/crisis situations. These services include personal hygiene care; ante-natal care, safe delivery and post-natal care; treatment of complications associated with pregnancy, delivery and the post-partum period; family planning information and services; and the prevention and management of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs), including prevention of HIV/AIDS. Frequently, there is a need for additional reproductive health services in crisis situations, in particular because sexual violence is common in many armed conflicts, especially where combatants mix with civilian populations. Recent experience in several conflict zones, where large numbers of rapes have been documented, shows that there is a critical need to provide treatment and counselling for women and young people who have been subjected to sexual violence. In addition to counselling, reproductive health services should include, *inter alia*, emergency contraception, prevention of STDs, including HIV/AIDS, and the management of deliveries and of abortion complications. Also, in many refugee situations, women often find themselves as heads of households or alone without family protection. In such situations the pressure to assume additional economic responsibility for the family increases women's vulnerability to sexual exploitation and the accompanying dangers, which put them at serious health and psychological risk. Given such situations, attention should be focused on providing adequate reproductive health information and services; empowering women and girls; and facilitating access to alternative income-generation opportunities. Clearly, reproductive health services are at least as vital for refugees and displaced persons as they are for persons in normal situations of peace and order.

14. Since 1994, the Fund has been very active, within the scope of its mandate and limited resources, in focusing international attention on issues of reproductive health and rights in emergency situations. In June 1995, for example, the first Inter-Agency Symposium on Reproductive Health in Refugee Situations was organized by UNFPA, together with UNHCR and with the collaboration of UNICEF and WHO. The symposium assembled more than 50 humanitarian agencies, including both United Nations agencies and NGOs, and resulted in two important developments: the creation of the Inter-Agency Working Group (IAWG) on Reproductive

Health Needs in Refugee Situations and the production of *An Inter-Agency Field Manual on Reproductive Health in Refugee Situations*, in 1995. Published in English and French, the field manual addresses issues concerning the delivery of reproductive health services. The widespread dissemination and use of the field manual has contributed significantly to strengthening the implementation of reproductive health activities at the field level. The symposium also defined the Minimum Initial Services Package (MISP) which is required for delivering necessary health services to refugees during emergencies: the provision of clean delivery kits, the prevention of HIV/AIDS through condom distribution and the adoption of universal precautions, and the management of the consequences of sexual violence.

15. In order to strengthen partnerships for project implementation, UNFPA has signed agreements with a number of organizations active in the emergency field, including UNHCR, on 30 June 1995; the International Organization for Migration (IOM), on 11 December 1996; and the International Federation of Red Cross and Red Crescent Societies (IFRC), on 3 July 1998. Closer collaboration with those agencies has resulted from the agreements. Other international agencies and organizations, as well as local organizations, have also become major partners of the Fund at the field level.

16. In 1997, UNFPA became a partner of OCHA, previously known as the Department for Humanitarian Affairs. UNFPA is represented at the meetings of the Executive Committee on Humanitarian Affairs (ECHA) of OCHA. UNFPA also participates in the Inter-Agency Standing Committee of OCHA, which holds weekly meetings in Geneva and New York for sharing information on activities with other agencies. Those meetings have been especially useful in providing up-to-date information for prompt action in emergencies. Also, as a result of UNFPA participation, other United Nations partners in the field of emergency relief activities are becoming increasingly aware of the reproductive health needs of refugees and are beginning to include reproductive health concerns and activities in their own responses to emergency situations. The Fund's Emergency Relief Adviser in Geneva plays a very important liaison role between OCHA, donors and UNFPA field offices, as well as providing technical support for the emergency operations.

17. In 1995, WHO designed an obstetric kit for emergency situations as part of a project that was initiated and funded by UNFPA. In 1996, UNHCR, IFRC, CARE (Cooperative for American Relief Everywhere), the International Rescue Committee and UNFPA designed a reproductive health kit to respond to emergency needs in the Great Lakes region of Eastern and Central Africa. This kit was later adapted to meet emergency needs in Albania. The finalization of the contents and the actual production of the reproductive health kit was a major activity of UNFPA in 1997, in collaboration with the Inter-Agency Working Group on Reproductive Health Needs in Refugee Situations. The reproductive health kit is intended for use during the emergency phase before a more comprehensive

reproductive health programme can be established. A brochure detailing the contents and use of the reproductive health kit has also been developed and sent to all UNFPA representatives who are responsible for countries with refugees or displaced populations.

18. In early 1998, the sum of $500,000 was used to stockpile reproductive health kits in a warehouse in the Netherlands to facilitate prompt distribution during emergencies. The popularity and importance of the kit are evidenced by the large number of orders that were received from the field offices during 1998. In fact, the initial supply of reproductive health kits was exhausted by October 1998 and a further stockpiling was necessary.

19. Information on reproductive health in emergencies has been disseminated to UNFPA staff, and presentations on the subject were included most recently in the meetings of UNFPA Representatives and Country Support Teams (CSTs) in Amman, Jordan, in 1996 and in Harare, Zimbabwe, in 1997. Those meetings provided the opportunities to update colleagues on issues of reproductive health service delivery in refugee situations. A cluster meeting of UNFPA Representatives in countries in crisis was held in New York in October 1998 to discuss specific issues faced at the country level during crisis situations. In November 1998, as part of the ICPD+5 series of activities, a technical meeting on reproductive health in emergency situations was held in Rennes, France, and was attended by experts from, *inter alia*, 22 multilateral and bilateral agencies and NGOs. The two latter meetings, among other things, concluded that there was need for flexible procedures to allow UNFPA to provide timely support to meet the reproductive health needs of people in emergency/crisis situations.

20. With regard to advocacy, in 1997 the Fund prepared a CD-ROM on the work of UNFPA in the field of reproductive health in refugee situations. This was distributed to field offices, United Nations agencies, NGOs and various other organizations. Later, a video film was produced highlighting the importance of providing access to reproductive health care as early as possible in refugee settings. The video, released in July 1998, seeks to: (a) demonstrate to emergency relief personnel the need to integrate reproductive health care in basic health activities; (b) inform the public about the activities of UNFPA in the field of reproductive health care for refugee populations; and (c) demonstrate collaboration at the field level with all concerned aid agencies. The video film is available in both English and French.

21. Since 1994, 52 UNFPA-supported emergency reproductive health projects have been carried out in 33 countries in collaboration with 24 executing agencies at a financial cost of $6.4 million. Most projects so far have focused on the post-emergency or stabilization phase; but this is changing as the Fund gains experience during actual crisis situations. There are 21 country projects in operation currently. Reproductive health services have been provided during the emergency phase in Afghanistan, Albania, Bosnia and Herzegovina, Eritrea, Guinea-Bissau, Rwanda and the United

Republic of Tanzania. All project activities have emphasized reproductive health as set out in the inter-agency field manual, including the need for an integrated approach and for particular attention to the treatment and prevention of sexual violence and STDs, including the prevention of HIV/AIDS. Project design has varied according to the particular circumstances. A review of different projects highlights the diversity of needs in crisis situations and also underscores the need for flexible project development and implementation procedures. For instance, in the Great Lakes region, the MISP was implemented for the first time, in collaboration with UNHCR and IFRC. In contrast, some projects, such as those in Ethiopia and Eritrea, have been executed directly by the Government as an extension of the national health programme but with special services for displaced persons. In Lebanon, mobile reproductive health clinics were developed. Sexual violence was addressed in Kenya and in Bosnia and Herzegovina. Adolescent health in emergency situations was a key concern in projects in Bosnia and Herzegovina, Colombia, Egypt, Uganda, the United Republic of Tanzania and Zambia. Thus, project focus varies and depends on the needs in specific situations.

22. The provision of support to international refugees has presented a challenge to the Fund's funding modalities because it involves providing support to populations spread across a number of national borders. For instance, in the case of Somalia, several sets of activities were implemented to address the needs of those who were internally displaced and of Somali refugees in Ethiopia and Kenya. The fact that funds from the UNFPA-supported country programme were available and could be used enabled flexible and responsive programming by UNFPA. However, such situations are rare. Governments in many host countries do not want UNFPA country programme funds to be used for refugees from another country. At the same time, the Government in the country of origin may also not want funds from the country programme used to support its nationals who may have left the country for political reasons. In these cases, given the Fund's current system of country-based programme funding, it is difficult to arrange funding for reproductive health projects for refugees. In some cases, country programme funds have been reprogrammed when the government agrees; in other cases, funds have been provided from regional budgets when available. However, this is an undependable and time-consuming mechanism and presents difficulties, particularly in cross-regional situations. The establishment of greater flexibility in use of programme resources could enable quick access of funds in such situations.

23. While UNFPA lacks both the personnel and logistical resources to implement emergency activities by itself, collaboration with other United Nations agencies and NGOs has facilitated the effective implementation of reproductive health activities in emergency/crisis situations. Thus far, UNFPA has worked most closely with two partners, UNHCR and IFRC. The Fund's reproductive health activities in refugee situations are implemented either through other United Nations agencies, for example, WHO, UNHCR, UNICEF, UNRWA and UNOPS, or through international NGOs such as IFRC, International Planned Parenthood Federation (IPPF) and CARE. Local NGOs, government agencies or inter-governmental organizations such as IOM may also be involved in implementation.

UNFPA proposes to continue using this modality. However, it should be noted that there are occasions when UNFPA must directly execute projects. UNFPA's programming and administrative/financial procedures need to be responsive to both circumstances.

24. As delineated above, since 1994, UNFPA has steadily increased its reproductive health activities in emergency situations. The needs in this area are great and increasing. However, the experience to date shows that certain changes in programming and administrative/financial procedures are needed to improve and enhance the Fund's responsiveness to reproductive health needs in emergency/crisis situations. One major constraint is that the current mechanism for country programme development, approval and implementation does not allow sufficient flexibility to reorient programmes and projects in response to rapidly changing country situations. Secondly, the usual country programme/subprogramme/project framework is not readily applicable to many emergency situations. Thus, there should be special procedures for the rapid development and approval of emergency projects. Thirdly, there should be designated procedures for a rapid response to requests for funding, procurement of emergency supplies and recruitment of temporary personnel. Finally, the rapid availability of reproductive health kits must be ensured through the establishment of a suitably large stockpile.

25. To improve the Fund's ability to meet its mandate in the provision of reproductive health services and the protection of reproductive health rights for populations in emergency/crisis situations, UNFPA needs to: (a) develop mechanisms for emergency reproductive health programming; (b) establish greater flexibility in the use of programme funds to provide rapid support for reproductive health activities during emergency/crisis situations; and (c) ensure that staff are appropriately trained and equipped for work in emergencies.

IV. DEVELOPMENT AND USE OF DEMOGRAPHIC DATABASES

26. UNFPA has a wealth of experience in data collection, analysis and use that could be shared with development partners and made available in emergency/crisis situations. In the past, however, there has been insufficient appreciation of data needs in such situations, including for contingency planning, and a lack of recognition of the key role that UNFPA can play in providing technical support for data collection and analysis. More recently, with the involvement of UNFPA in some OCHA-led humanitarian needs assessments, that perception has begun to change. As a participant in OCHA-led needs assessments, the Fund is supporting monitoring systems for relief interventions through the establishment of basic indicators and the implementation of sentinel surveillance systems. Such database development activities are a usual part of the Fund's programmes. Gradually, development partners are coming to recognize that UNFPA is uniquely positioned, among the various United Nations agencies, to provide a demographic framework for reviewing humanitarian assistance needs and developing sectoral responses. The recent support provided by

the Fund in a number of countries is indicative of the growing recognition of the needs in the area of demographic database development.

27. In Rwanda, immediately after the war, it became apparent that the demographic data available in the country had become obsolete and that new databases needed to be quickly developed, both for emergency assistance planning and for national development planning. Technical support was provided by UNFPA CST advisers to establish new databases that included important information on a number of special population groups in the country, including refugees, internally-displaced persons, returnees, non-displaced but war-affected populations, and unaccompanied minors and orphans. Assessments have been carried out on the demographic, socio-economic, psychological, and cultural effects of the war on the national population using both traditional census count and survey methods, as well as qualitative and quantitative rapid assessment techniques. Information from these databases was even used later to document human rights violations. In Eritrea, UNFPA supported the collection and analysis of population counts and socio-demographic data on ethnic Eritreans arriving from Ethiopia. Those data were used to design relief activities and to establish employment integration programmes.

28. To effectively utilize its comparative advantage in the area of demographic database development, UNFPA needs to be able to respond quickly and promptly to requests for assistance, both for technical support, including through providing advisers from the Fund's Technical Support Services system, particularly for rapid assessment; and for financial support to enable data collection and analysis. As was clearly demonstrated in the Rwanda exercise the delay in providing funding was a key constraint. Thus, as noted in paragraph 25 above, the establishment of a set of emergency programming procedures and flexibility in the use of programme funds for emergencies would greatly facilitate the provision of UNFPA support in emergency/crisis situations.

V. CONCLUSIONS AND PROPOSALS

29. As a result of the Fund's work over the last four years, reproductive health is now more widely accepted as a basic need in emergency/crisis situations and recognized as an essential item on the humanitarian agenda. A number of manuals, kits and training materials have been developed and used in project activities. Various modalities have been employed for technical and programme collaboration in emergency situations. UNFPA has also provided important support for developing demographic and other databases needed in emergency situations. Rapid assessment techniques have been used and new methods explored for data collection and use in rapidly changing situations. It has become clear that UNFPA, within the scope of its mandate, has an important role to play in humanitarian crises. However, the Fund's efforts and impact in this area are constrained by its programming and administrative procedures and by the limited success in mobilizing outside funds

for the projects included in the consolidated appeals. More flexible programming modalities would contribute greatly to timely and cost-effective responses.

30. To improve its work in the area of reproductive health in emergency/crisis situations, UNFPA will develop mechanisms and strengthen the management of emergency requests through close cooperation between the Emergency Relief Adviser in Geneva and headquarters staff to support the field offices. Appropriate staff training will also be provided. In general, emergency interventions in a country should be undertaken by reprogramming project funds at the field level, as well as by working closely with the Emergency Relief Adviser and headquarters to ensure timely technical and logistical support. However, when such funding revisions are not possible, other, non-country-programme funding must be made available to meet urgent needs for reproductive health in emergency/crisis situations.

31. Thus, to facilitate a timely response, UNFPA proposes to make more flexible use of a limited amount of programme funds to provide immediate support for reproductive health and data provision needs in emergency situations. Such funds would be utilized only when urgently required and when it is not possible to access country programme funds in a timely manner. Current administrative procedures to ensure accountability for the use of funds would be followed. UNFPA would continue to fund most emergency activities through country programmes and would also continue to include proposals in United Nations Consolidated Appeals. However, the establishment of such funding flexibility would allow for more rapid responses to urgent situations and the timely procurement of supplies and technical resources.

VI. ELEMENTS FOR A DECISION

32. The Executive Board may wish to

(a) Take note of the current approach and progress achieved by UNFPA in meeting the reproductive health needs of people in emergency/crisis situations and in providing support for the development of demographic and other databases and of the Fund's efforts to develop and strengthen partnerships with United Nations agencies and NGOs in this area;

(b) Endorse continued UNFPA support in such emergency/crisis situations and the proposed flexibility in the use of regular resources during emergencies.

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